

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA.		65960	
Township of <u>11</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Registration District No. 3706</u>		State Board of Health		Registered No. 75	
or City of <u>(No. St.; Ward)</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Wm Richard Roseman</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 19, 1916</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>W.M. Roseman</u>			(14) NAME BEFORE MARRIAGE <u>Marion Priestly</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens S.C.</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Col</u>		(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>Pickens S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>		
(13) OCCUPATION <u>Black Smith</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1130</u> P.M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)					
(23) (Signature) <u>T. J. Fortis</u>					
(24) State whether Physician or Midwife <u>Phys.</u> (25) Address of Physician or Midwife <u>Pickens S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
191...			(27) Filed <u>June 20, 1916</u> (28) <u>B. S. Johnson</u> Local Registrar		

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.  
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